

BULLETIN OF THE HARVARD MEDICAL ALUMNI ASSOCIATION

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April Meeting of the Harvard Medical Alumni Association

ENCLOSED in this issue of the BULLETIN is a reprint from the *New England Journal of Medicine* which gives an account of the April meeting of the Harvard Medical Alumni Association. A glance at this report will show the high calibre of men who spoke before the association and the wide variety of topics which were presented. The program was indeed a stimulating one and was enthusiastically received by a large gathering.

Perhaps of equal interest to many, particularly the visitors from out of town, were the small informal clinics held at eleven different hospitals on Saturday morning. These clinics provided oppor-

tunities for more intimate contact with men working on special diseases or problems and were on the whole well attended. There was a large turnout for the class luncheons which were the final feature of the program.

The total registration on the first day was 361, and in addition there were some who attended only on the second day.

Considering the magnitude of the undertaking, the committee may be congratulated on having incurred only a small deficit from the meeting. This deficit was due to the large number who failed to come to the meeting after indicating that they were planning to attend.

Disease a Biological Problem

BY THEOBALD SMITH, M.D.

WHEN asked to assist in the program of your annual meeting I was not unmindful of the fact that I belong to a bygone generation whose modes of thought had lost their savor and whose left-overs were in the midst of wholly new problems not anticipated a generation ago. On one thing we may all agree—on the immense broadening of the river of medical science, some of whose springs we of a former generation helped to explore.

It seems to me that on occasions like this we might be permitted to say things not immediately, if at all, useful; to rest our mental vision by bird's eye views in which details are vague enough not to give rise to differences of opinion. For the moment we should be able to ward off or forget the numerous pinpricks of our daily routine and try to look in the face those larger problems for which we have no universal cure or vaccine or serum and which we are likely to forget as soon as we have reëntered the clinic or the laboratory. There is a common bond which ties us all together. We can trace our work back or down to the concept disease. Even the healthiest of health-promoting associations are preaching prevention of disease as the best definition of health activities. Disease is concrete, but health abstract. Looking upon disease as a whole, we can define it as the result of disturbances of equilibrium between living things and their environment which have gained too much energy to adjust themselves without upsetting other balanced conditions. These disturbed conditions may be left to right themselves, or we may take a hand to right them to what appears to be our advantage as against the rest of nature. That they may right themselves has been strikingly shown in epidemiological studies. I refer to the indifference of any given more or less closed population to certain endemic infectious agents. Bringing individuals into such a group is dangerous.

Individuals leaving such a group become dangerous elsewhere. But the closed population suffers little as long as it remains so. How frequently this may occur with reference to geographically limited non-microbial factors, such as iodine content soil, is well worth investigation.

It does not take much deliberation to discover many disturbances of equilibrium between the human race and nature. We know them under various names and do not regard them as single manifestations of a general law. Thus the greatest strain of world equilibrium is overpopulation, with the result of forcing into extinction many other species of animals and many species of plants which originally shared the continents with man. The resulting pollution of soil, water, and air, the loss of soil fertility, and the impending loss of water through deforestation and other unknown factors are constant threats of biological upheavals of great danger to large dense populations. Nature abhors a crowd as much as it does a vacuum. Plants, animals, the human race—all suffer from diseased conditions, developing anew or stimulated from latent stocks, in the presence of the cumulative disturbances of increasing numbers of the same species. Nature obviously prefers diversity and that give and take among small numbers which permits gradual adjustment to gradual changes. Disease is thus a biological entity, conjured up by the herding and domesticating factors of civilization. It is a natural process, even as is the growth of weeds in the vacant areas of our cities. It is a complex affair leading to all sorts of hybridization until no two cases are precisely alike even though classified under the same nosological term. There is thus nothing on the horizon to indicate that disease is disappearing. Adjusted in one place, diseases crop out in another, and the main difficulty of medicine, as I see it, is to deploy its forces fast enough or for the in-

dividual doctor to adjust himself rapidly enough to the unexpected developments and the new methods necessary to understand and meet them.

If we concede disease to be the result of disturbances of equilibrium between man and his environment, largely due to his activities, and if we further bear in mind that nature gradually restores these disturbed balances and that we, as thinking, investigating beings, are also trying to restore them, but that our methods and nature's methods are frequently far apart, we have a fair biological definition of the disease problem. Disease involves not mere states of degeneration but a mass of biological reactions. We are indebted to early bacteriology for this changed conception, for it put into our hands concrete causes of disease with which to experiment and to call out reactions. Bacteriology gave us immunology, which is only a general term for reactions against disease agents. These reactions taught us to respect and study symptoms rather than to drown them in drugs. The prolonged controversy over the nature of fever is a ready illustration. Without immunology, infectious diseases would still be impenetrable mysteries and their study incapable of stimulating productive thought.

In all activities focused on the problem of disease we find in more or less amiable competition the urge to control and the desire to know and understand. In any discussion of disease phenomena we find these two activities striving for domination, one empirical, adventurous, the other cautious, taking only logical strides forward. It is, therefore, not surprising that it is perhaps the most universal habit of medicine to suggest cures or remedies for existing maladjustments. We find everywhere both the urge to know and understand as well as the urge to do, to control, to adjust, to rectify. One activity attacks directly and is often repulsed with losses and retires to give the other a chance to study more thoroughly the next attack. So we have seen and still see the application of remedies, of vaccines, and serums before much is

known of the conditions to be met or the *modus operandi* of the remedies. Our training makes it impossible to view a given disease process without taking sides against it in the interest of the victim. So strong is the urge to do, as contrasted with the urge to understand. These two forces, the desire to understand and the desire to act, have created two fields of work fairly distinct in the gross outwardly—practice and research. We are forced into one or the other field by outward necessity, for research characterizes a state of mind rather than a group of workers. The function of research is to dissect, to analyze; and to do this more minutely, we must have recourse to machines delivering accurate quanta of results almost automatically. As we continue our analysis and dissection we are obviously departing more and more from the problem of the whole, and the way back to the whole becomes longer and more difficult to find. The machine age in research is upon us, and we are like the man who has taken his machine to pieces and is puzzled how to piece it together again so that it will go as it did before being dismantled. Thus research takes living process to pieces and tries to make the pieces operate while the rest of the unknown machinery is kept under control. Or we may say that one factor is made to talk while the rest are quiet. To understand them when they are all talking together is the final baffling task. Just now we are concerned with trying to make the filtrable viruses talk while we are keeping the bacteria quiet. Even with such an old, outworn subject as tuberculosis we are still not at all sure what the tubercle is and what the bacilli are doing in it. The bacillus has been permitted to talk too long, and the epithelioid cell has been kept in the background. The problem of tuberculosis is wrapped up in the tubercle, and to understand its genesis, evolution, and decline will cover much of the problem as it involves the multiple-cell host-victim.

One of the difficulties of medical science and practice, shared equally by other de-

partments of human activity, is the shortness of life's span compared with the indefinite time limits of the problems undertaken. Individual human acquisitions are passed only in small quantities to the stock of world knowledge. Many precious, undeveloped, or partly developed fragments are lost with the individual life. They are often more precious than what has been given out. In medicine this loss makes it well nigh impossible to apprehend or even appreciate the possibilities for ill due to continued action of what are trifling injuries. But even if we should understand the succession of the main events of any disease starting in our ancestors, our environment, in our food, in the exhaust-polluted air of our cities, the chlorine in our drinking water, the spray of arsenic and lead on our fruits, how would we proceed to act upon this knowledge? Our definition involves two procedures, one the biological way or nature's way, operating under what we call natural law. The other is the way of mankind bending all procedures to its advantage. Here the conflict rages and the outcome lies in the future. No matter how successful we may be in individual lines of treatment or prevention, we are still under natural law and can never emerge from it. Our defenses are artificial structures. There would be no need of studying the operations of natural law in regard to disease, or of a medical profession, if we submitted fully to it. But the result of submission would place us on a level with animals and plants, competing equally with them for subsistence. The reason why civilized man studies nature is to rise above its dominance. History tells us of civilizations one after another, rising, declining, and disappearing. For a time each was able to hold its own against natural law, then lost its grip and perished.

As a faint reflection of the difference between natural law and the efforts of the temporarily dominant race are two lines of activity which have been slowly evolved but are so closely interwoven that they exist only as such in rare instances. The first

tends to reduce disease by moving backward towards the more primitive existence under which the race and its antecedents were developed during millions of years, contrasted with the few thousand of civilization. We live in the open, reduce the quantity of clothing, worship sunlight or its substitute, like our anthropoid relatives, eat more leafy vegetables and fruits. In disease the processes of self-immunization are promoted and favored in every known way. The other method is to continue of necessity our present mode of life by using various artificial and substitutive measures—the product of highly specialized research. We are leaning more and more upon animal life in therapeutics. What would be left of rational therapeutics if we threw out insulin, liver extract, and the products of the different endocrine organs of the higher animals?

It follows from what has been said that in building up our defenses against the biological law we should be extremely careful to determine if possible whether they fulfill the purposes we had in mind, since there are always at least several quite different ways of neutralizing our infractions of such laws. To meet the changing conditions, largely the result of growing populations concentrating in dense masses, there has grown up what we know as preventive medicine and public health agencies of the government. The latter are supposed to take cognizance of our environment and to restrict, as far as possible, the transit of infectious agents. They were established to take care of individual factors or causes leading to disease. Medical practice was left to minister to the individual, whereas public health activities stand for mass treatment. We may then ask the question concerning the huge defenses built by public health agencies:—are they placed in the proper strategic position and are they strong enough? Have we eliminated all ornamental, useless, and deceptive elements in their structure? Do they need replacement? When will the strain on the efforts to maintain this huge opposing front against nat-

ural law become too great to be maintained? Or is the progress being made equal to the growing pressure? Is the increasing pressure a linear function or does it appear to rise with an acceleratingly steeper grade? In the memory of us all the World War illustrates well the accelerating motion of a great disaster, not realized until it was upon us. We are building our hopes more on preventive methods than ever before, but we must understand clearly what they are attempting to do. Preventive systems are also likely to err and to pass through the same processes of trial and error which the older curative medicine has passed through. They too must pass through the same processes of evolution by attacks and retreats to the research station for better plans. After all, natural law is still dominant. Press announcements of scientific discoveries lead us to believe in the omnipotence of science. But we cannot neutralize opposing forces. All we can do is to sluice them.

The continuing largest problems before the human race are still the infectious and parasitic diseases. Wherever and whenever the body is depressed and its mucous membranes below par, microbic agents move in. The great epidemics give evidence that the infections they carry are either hatched in some isolated, closed community or come from sources outside the race, *i.e.*, from some one of the immense number of animal species. To state, as is sometimes done in medical writings, that we have overcome the infectious diseases is simply to throw us off our guard. As soon as our ample means give way, the same conquered plagues will appear, just as nature enters an abandoned field and covers it with forest growth.

The most interesting of present-day activities are the attempts to eradicate completely or annihilate certain infectious diseases. To analyze this movement we must bear in mind that we cannot retrace our steps in this project, which would mean reducing the population, unscrambling the mixture of diseases brought about by intercourse and migration, and making the

population return to isolated groups. We must now act upon the entire world. Our knowledge enables us to recognize specific diseases in perhaps ninety-five per cent. of the victims; the other five per cent. remains undetermined because of failure of methods. Nature counters by developing races and varieties of low virulence which under certain conditions may arise to the original level of virulence or become unresponsive to diagnostic methods. The residual problem of finding the last cases is the most difficult and requires the full machinery originally set up. For nature counters again, since the resistance possessed by the race, made up of natural selection, transmitted passive resistance from parent to offspring and continuing exposure to infection, tends to disappear. The last cases may then act as sparks in a dry field unless discovered and guarded. It is probably considerations such as these that led Pasteur into his course of discovering vaccines in place of attempting to suppress disease, and, in general, I think French science has been committed to this policy, for vaccination is a reflection or imitation of biological law, even though defective.

The problem before the race is what methods shall be used to preserve its dominance. At present an eclectic combination of suppression and vaccination is perhaps the most easily carried out towards a few diseases. But for the bulk a rigid delimitation, suppression, and exclusion are the only safeguards applicable to the situation. Their price is high, but there is no alternative. The building of dikes must go on unless the course of social evolution is changed, which is as yet unthinkable to our generation. It thus seems clear that mankind is in a precarious, delicately-balanced situation and that eternal vigilance, coupled with constructive thought of a high order, should give the proper impulses to action. It is not unlikely that preventive medicine and all public activities coming under this general designation are still in the stage of treating symptoms. If so, it is not the fault of this field of medicine. It simply means

that it cannot rest on any present-day laurels but must continue to study the biological conditions of disease so that it can meet them. We are forever mortgaged to nature by civilization, and it remains for medical science to see that the mortgage is not unexpectedly foreclosed.

It is probable that some of you have had the desire to say: Who said disease was not a biological problem? It is such if we

make it so. The progress in the biological direction has been steady. The gradual emergence of treatment from superstitious rites and later from the misuse of drugs is evident to all who read medical history. Its progress will be still more rapid if we make students think biologically, in terms of natural law, especially if the usual expression of that law must be circumvented in the interests of the human race.

Certain Changes in the Harvard Medical School During the Last Twenty Years

THE geographical distribution of the students in the Harvard Medical School is one of the striking changes that have taken place in the last twenty years. In 1910, 64 per cent. of the students came from New England. In 1920, 50 per cent. of the students came from New England and 50 per cent. from further away. In 1930, it had become the opposite of 1910—namely, predominantly a national school, with 63 per cent. of the students coming from further away than New England. The quality of the students has progressively improved, all told, to a striking degree, and an impressive fact is that the students from a distance provide an unduly large proportion of the men who take honor standing; in other words, the men from a distance are obviously, on the average, of very superior ability.

The reason for this change is obviously in the large number of distinguished and stimulating men that have been increasingly added to the Faculty during that period.

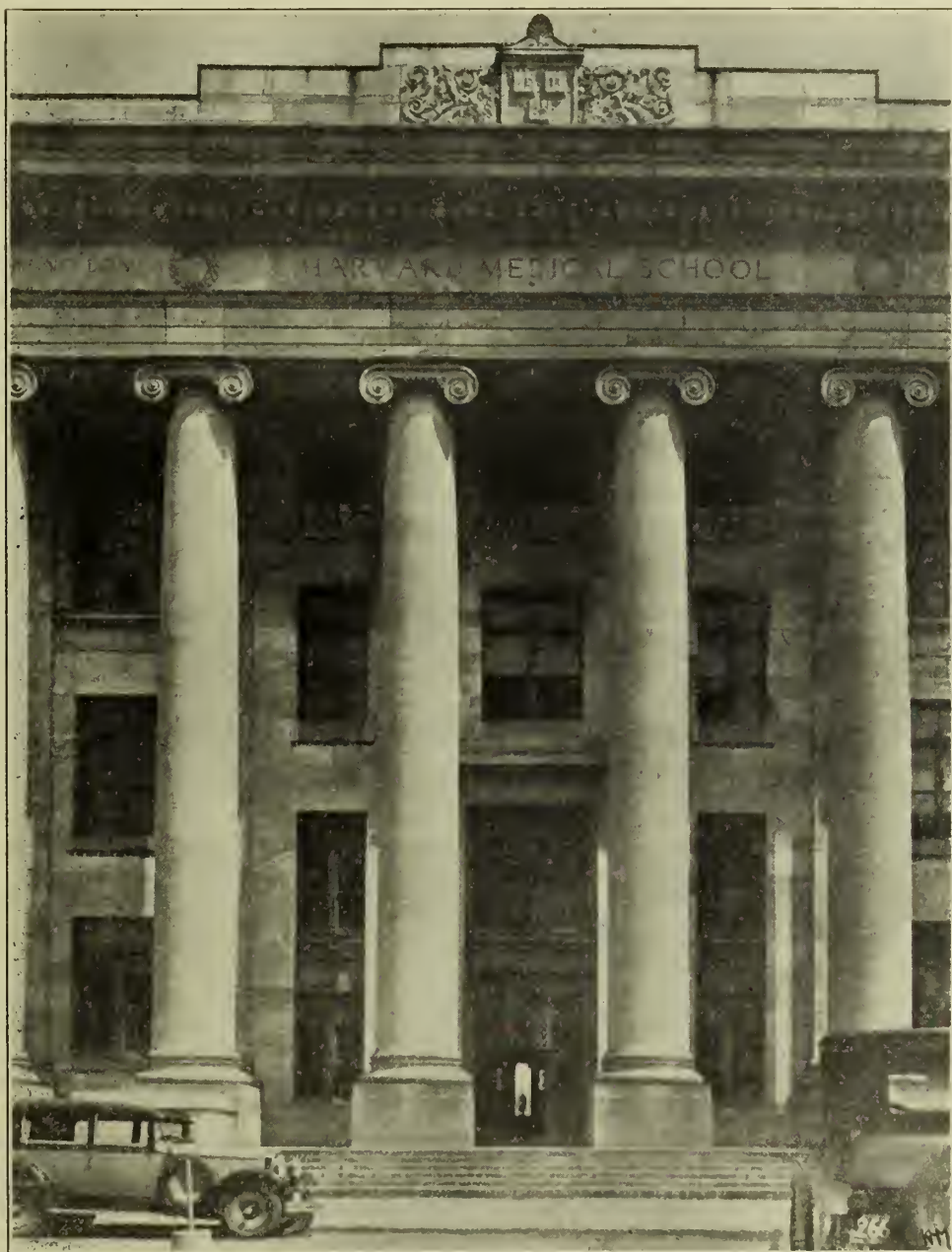
Dr. F. P. Mall remarked to me over twenty years ago that the School had recently obtained a strong group of primary men, but was still weak in the ability and promise of the secondary and younger men. That is no longer the case. Recent compilation of the number of men who hold ap-

pointments in the School and have had distinct recognition of their ability in influencing progress of thought and research shows that there are in the current year 179 such, of whom 154 are not professors. The stimulating qualities of the staff are shown, among other things, by the fact that there are 29 Fellows on salaries from elsewhere who have come to this School to prosecute their fellowship work.

The two things that have made this possible have been the careful choice of able personnel by the Faculty and the large increase in the funds available. In 1918 the School had an endowment of a little under \$4,400,000 and a budget of about \$238,000, with about a \$20,000 deficit. At the present time, the endowment is a little under \$16,000,000, with a budget of over \$1,100,000, and no deficit.

In addition, the School of Public Health, sometimes thought to be a burden upon the Medical School, is exactly the opposite, in that its contributions to the budgets of departments that serve both the Medical School and the School of Public Health are over \$100,000 a year. Therefore, to be in the position that it is now in these departments, the Medical School would have had to find over \$2,000,000 more than it has secured in order to maintain or develop the present status of those departments. And beyond this, the School of Public Health, throughout its whole budget, adds to the

From a speech by Dean Edsall, delivered at the dinner of the Harvard Medical Alumni Association on April 17, 1931.



[Photograph by Knox Montgomery, New York City]

facilities for teaching, especially for elective courses, and the facilities for investigation, for men in the Medical School.

Furthermore, the yearly gifts for immediate use—namely, for expenditure of principal at once—average yearly the income of \$2,000,000 to \$5,000,000 more, so that the total expenditure on the medical activities of the University now, instead of being under \$240,000 as it was in 1918, is nearly \$1,700,000 a year.

In addition to that, there has been expended upon construction in the Dormitory a little over \$1,900,000, and there have been necessary capital outlays for extensive repairs and other construction of somewhat over \$1,000,000, mostly within five years. Of this, about \$575,000 was obtained in special gifts, and the remainder had to be saved out of the School funds.

There has been a widespread impression that the funds of the School have been used much more extensively in elaborating the laboratory departments than in elaborating the clinical departments. Quite the contrary is true. The clinical departments in 1918 received only 26 per cent. of the expenditures in the departmental budgets, while the laboratory departments received 74 per cent. In the current budget, almost the contrary is true—the laboratory departments receiving 39 per cent. of the total departmental budgets, and the clinical departments, 61 per cent. The increase in the laboratory departmental budgets has been 99 per cent. since 1918; the increase in the clinical departmental budgets has been 81.9 per cent. The reason for the very large excess of increase in the clinical departments was two things: (1) that the clinical departments were in earlier years receiving extremely small amounts, and (2) the clinical departments are very large and very numerous and have been here (as elsewhere) very rapidly developing and necessarily in very expensive ways.

There is also a widespread feeling that the funds of the School are diverted from practical teaching purposes to research. Again, this is directly the opposite of the

actual facts. The great mass of the money that the School receives is given for research purposes, or with research as a large element in view. Of the present income of invested funds, over \$510,000 income yearly is from funds specifically given for research. Over \$170,000 is given under such terms as for "the advancement of knowledge in medicine", in which it is possible to use it in some part for teaching, but research must also be held strongly in mind; whereas funds given for teaching alone yield only a little over \$9,000; in other words, out of an income from invested funds of \$690,000, only \$10,000 is specifically for teaching, while about \$170,000 can be used only in some degree for teaching; in addition to this, the \$205,000 received from tuition can be used, of course, as desired. The greater difficulty has been, not to provide money for research, but to endeavor to make the research funds as effective as possible in aiding the teaching and general activities of the School without in any way departing from the purposes of the donors.

The future needs of the School have been inquired about. There are two things to be said regarding this: (1) Several of the departments, particularly a number of the specialties, need moderate increases in funds, and two or three important specialties need large increases in funds to make them more effective and to maintain their prestige. Funds for these do not now exist. (2) It is a widespread feeling among medical men and among laymen familiar with the situation that the most important thing medically now to be done in most places is to improve the teaching and greatly improve the knowledge in regard to psychiatric conditions. This also will need large increase in funds.

The School has shown very striking development in many ways. In order that this may be maintained, several things must be held in mind. First of all, avoidance of the complacency that has often led in educational institutions (medical schools included) to degeneration and loss of prestige.

Constant effort is necessary to keep from going backward. Second, a consistent line of progress, carefully mapped out, and without hasty or impulsive changes in policy. Third, constant care in the choice of personnel, not only in regard to professors, but equally in regard to the whole staff down to the young subordinates. The fluctuations that have been seen in the prestige of other schools have been largely due to lack of success in following these principles or disregard of them.

The choice of personnel depends upon three factors which are more or less equal in value: (a) teaching ability; (b) power to contribute to progress in knowledge; (c) power to stimulate other men in advanced studies and in taking their place in the future progress of their particular subjects. The last point is often overlooked and is a little more subtle than the other points, but no less important. The influence of that can be seen through a study made a year ago of the number of men elsewhere than in this School who occupied positions as professor, associate professor, or assistant professor, and who were either graduates of this School or who had had at this School an important part of the training which led to their professorial appointments. There were in all, one year ago, elsewhere than at this School, 244 men trained here who held such professorial positions. A considerable number of the departments had contributed to a highly conspicuous degree. There were 25 such in Physiology, 18 in Bio-chemistry, 29 in Pathology, 22 in Preventive Medicine and Hygiene, 56 in Medicine, 17 in Pediatrics, 22 in Surgery, and a noteworthy total in a number of other subjects. When one visualizes the fact that there were 244 men elsewhere than here carrying on with large groups of students the knowledge, the ideals, and the stimulus they had gained here, it gives one a conception of the influence of this factor in maintaining the prestige of a school and in carrying out what is the great object of any school—namely, furthering the training of men, the

distribution of knowledge, and the search for further knowledge. Continuing the choice of men who will continue to train teachers and investigators and will also themselves add knowledge and themselves teach ably, is the thing beyond all other things upon which the future of the School depends.

TREASURER'S REPORT

JUNE 13, 1930, TO APRIL 13, 1931

THE Treasurer's report does not cover the entire fiscal year and, therefore, should be considered an interim statement. Because of the fact that the annual meeting this year is held in April, only ten months have elapsed since my last report, published in the October number of the MEDICAL ALUMNI BULLETIN, and in which I estimated a possible balance of \$520.39. However, after the payment of all charges, the balance was actually \$467.48. I submit herewith a complete statement for the fiscal year 1930, accounting for all receipts and expenditures:

RECEIPTS.

Bank Balance—July 1, 1929	\$ 487.04
1928-29 Appeals	17.00
1929-30 Appeals	3,834.03
Advertising	575.00
Interest	14.61
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	\$4,927.68

EXPENDITURES.

Cost of BULLETIN	\$1,437.36
Cost of Appeals	368.67
Cost of Meeting Notices	167.06
Secretary's Wages	843.75
Bank Charges	2.35
Incidentals	24.83
Support of Alumni Assistant	500.00
Debt of Last Administration	739.96
Commencement Fee	100.00
Annual Luncheon	276.22
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	\$4,460.20

Total Receipts	\$4,927.68
Total Expenditures	<hr/> 4,460.20

Balance \$ 467.48

Last year (1929-1930) there were 1,217 subscribers who paid in a total of

\$3,834.03, or an average per subscriber of \$3.15. This year (1930-1931), however, there have been only 957 subscribers, who paid in a total of \$3,046.10, or an average of \$3.18. "Hard times" without any question are the cause of this falling-off, and your Treasurer has not forced subscriptions.

The total number of alumni now stands at 4,364. The percentage of alumni subscribers continues to keep up satisfactorily, 22 per cent. having contributed this year. The falling-off has been largely in the \$1 subscriptions (616 in 1930—394 in 1931).

This year the Association has taken on a new field of enterprise and that is a contribution toward the hospital expenses of poor and needy students. To date, this academic year, there have been twenty medical students admitted to the Peter Bent Brigham Hospital as patients. Of these twenty, there have been seven who needed financial assistance in meeting their hospital charges, and your Association has gladly contributed a total of \$194.30. The "sick fund", so termed, is merely an experiment and is subject to revision or revocation if the alumni object; but, from the experience shown to date, it is easy to operate, and, subject to some minor changes, is serving a useful purpose to those medical students who are working their way through the School.

The financial report of the Association for the fiscal year 1931 is necessarily incomplete, but your Treasurer has estimated to the best of his ability what the unpaid receipts and expenses will amount to:

ACTUAL RECEIPTS.

Bank Balance—September 1, 1930	\$ 467.48
1930-31 Appeals	3,046.10
Advertising	575.00
Bank Interest	9.45
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	\$4,098.03

ACTUAL EXPENDITURES.

Cost of BULLETIN (3 issues)	\$1,225.85
Cost of Appeals	345.67
Cost of Meeting Notices	128.49

Secretary's Wages (to date)	518.75
Bank Charges	.40
Incidentals	3.08
Student Sickness Support	194.30
Card Catalogue	21.64
Stationery	15.55
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	\$2,453.73

Receipts to Date	\$4,098.03
Expenditures to Date	2,453.73
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Bank Balance	
April 13, 1931	\$1,644.30

ESTIMATED RECEIPTS.

Appeals	\$ 60.00
Receipts—Annual Meeting	2,000.00
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	\$2,060.00

ESTIMATED EXPENDITURES.

Cost of BULLETIN (1 issue)	\$ 300.00
Secretary's Wages	330.00
Student Sickness Support	100.00
Costs Annual Meeting	3,000.00
Commencement Fee	100.00
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	\$3,830.00

Estimated Expenditures	\$3,830.00
Estimated Receipts	2,060.00
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Estimated Deficit for Remainder of Year	\$1,770.00
Bank Balance, April 13, 1931	1,644.30
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Deficit	\$ 125.70
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The attention of the alumni is called to the cost of putting on this meeting, and your Council is mindful of it, and considers that, inasmuch as this type of meeting is to be held only once every three years, the expense seems warranted. The registration fee of \$10 covers two meals, the erection of stages, the hire of chairs, and printing of programs, and should hardly cover our overhead for these two days.

In closing this report, your Treasurer can promise no surplus after this meeting unless we receive loyal support at the registration booth. Your Council has arranged a program that should interest every alumnus; your Treasurer has found that putting across such a program should cost \$3,000; and your treasury will end the

year in red figures unless 400 or 500 actually pay in the registration fee. We ask your support.

**Report of Annual Meeting Finances
April 17 and 18, 1931**

Gross Receipts	\$2,485.00
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EXPENDITURES.

Boston Badge Company	\$ 34.70
George H. Ellis Co.—Programs	66.70
University Film Foundation	17.00
Alan Chambers	2.50
Carl Walter	15.00
E. B. McCarthy	10.00
Harvard University—Dining Halls	2,435.00
Carl Corson—Posters	4.80
Broadbent—Registration Books	1.80
Labor—Men and Women	44.99
Reprints	7.50
Policemen	20.00

\$2,659.99

Total Expenditures	\$2,659.99
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Gross Receipts	2,485.00
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\$ 174.99

Estimated Cost of Construction of Stage	50.00
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Estimated Deficit	\$ 224.99
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Respectfully submitted,

AUGUSTUS THORNDIKE, JR.

Treasurer.

**BUSINESS MEETING OF THE HARVARD
MEDICAL ALUMNI ASSOCIATION
APRIL 17, 1931**

The meeting was called to order at 5.15 P. M., by the president, Dr. Francis M. Rackemann.

The secretary's report of the June, 1930, meeting was read and accepted.

The treasurer's report was read and accepted.

Dr. Rackemann spoke of the need for an experienced executive secretary to take over some of the duties now carried by the Editor of the BULLETIN and the Treasurer. After considerable discussion it was voted that the Council be allowed to spend up to \$2,500 a year for a permanent executive secretary.

It was voted to accept the following amendments to the constitution: (See supplement).

It was voted to have the clinical program in association with the annual meeting once in three years.

It was voted that the election of officers take place at the end of each clinical meeting, the officers to continue in office until the end of the following clinical meeting.

It was voted that the resignation of the present officers be accepted.

The report of the nominating committee was read by the chairman, Dr. C. A. Porter: For president: Dr. William C. Quinby; for vice-president: Dr. William B. Breed; for secretary: Dr. James M. Faulkner; for treasurer: Dr. Augustus Thorndike, Jr. Each nominee was elected by vote of the meeting.

The following men were nominated for the Council of the Association: Dr. Francis M. Rackemann, Dr. William H. Robey, Dr. Walter G. Phippen.

These men were elected by vote of the meeting.

The meeting adjourned at 5.45.

Respectfully submitted,

JAMES M. FAULKNER,

Secretary.



The Boylston Medical Society in 1906

Back row—G. M. Sheahan, '07, B. H. Pierce, '06, Channing Frothingham, '06, D. P. Penhallow, '06, C. A. Reese, '06.
 Fifth row—I. J. Walker, '07, I. T. Cutter, '07, C. B. Hollings, '06, John Bryant, '07, T. W. Harner, '07, R. M. Green, '06, L. D. Chapin, '06, J. C. Rowley, '06.
 Fourth row—W. E. Ladd, '06, F. B. M. Cady, '07 (deceased), J. S. Leopold, '06, H. E. Stevens, '06, R. A. Hatch, '06, J. H. Young, '06.
 Third row—R. M. Smith, '07, F. W. Peabody, '07 (deceased), Fresenius Van Nuy's, '06, L. L. Bigelow, '06, M. J. Shaugnessy, '07, C. G. Mixter, '06.
 Second row—C. W. Waddell, '07, C. M. M. Richards, '07, G. B. Farnsworth, '07, L. H. Spooner, '07 (deceased), J. B. Blake, '01 (president), E. P. Richardson, '06, W. J. Mixter, '06, A. W. Carr, '07.
 Front row—R. A. Sadler, '07, Donald Gregg, '07, J. M. Birnie, '06, Roger Kinnicutt, '06, B. F. May, '07.

The Twenty-fifth Reunion of the Class of 1906

IN the autumn of the year of Our Lord nineteen hundred and two and of the independence of the United States the hundred and twenty-sixth, some eighty stalwart young men packed their lunch baskets, shouldered their grips, and betook themselves to the bigger, better, and busier metropolis on the shores of Massachusetts Bay. They came from all quarters of the globe. Some had been fed throughout infancy with silver spoons and later reared in luxury; but others had passed through grave dangers and dire misfortune. One, for example, had barely escaped massacre in a far-off Eastern clime; one had lived in Skowhegan; three had been to Yale. With mingled feelings of awe and elation, these young men, one and all, entered the portals of a famous institution of learning, and, after parting with the first of an interminable sequence of fees, provided themselves with Boston bags and Gray's Anatomies, thereby proclaiming to the world the arrival of a new band of healers."

Thus opens the history of the four years spent in the Harvard Medical School by the class of 1906 as it appeared in the album on graduation. Written in a facetious vein, allusions which were at the time but lightly veiled, now dimmed by 25 years, all but lose their meaning.

It is a coincidence that the Quinquennial Catalogue records that eighty M.D. degrees were conferred in 1906, but they were not the same "eighty stalwart young men" who "entered the portals" in 1902. Evidently some twelve of the stalwart fell by the wayside, and but 68 names appear in the class album, and these men, notwithstanding academic decree, are the class of 1906.

Seven men have died since graduation:

Ernest Harold Sparrow,	1912
Orion Vassar Wells,	1918
James Guinne Trimble, Jr.,	1924
Parnag Adam Adamian,	1925
Fred Julius Fassett,	1926
Henry Alphonsus Callahan,	1927
William Theodore Knoop,	1930

On Friday, April 17, before the meeting of the Alumni Association, an informal reception for out-of-town members was held in the library of the Children's Hospital. The day was most profitably spent attending the meetings in Vanderbilt Hall, the alumni luncheon offering opportunity to renew old acquaintances among School and hospital contemporaries as well as teachers.

At the close of the afternoon session, the class drove to the residence of Charles G. Mixer in Brookline where tea (*sic*) was served and the reunion officially inaugurated. Later the alumni dinner was attended in a body. After spending Saturday morning at clinics, eighteen members of the class met for luncheon at the Oakley Country Club. Here some of the old favorites were resurrected by the still tuneful quartet, and those who pretended they were too busy to stay for the dinner were called upon for speeches. In the afternoon some of the enthusiasts played golf, while others were content to loaf in the sunshine. On Saturday evening the class dinner was held in the Aesculapian Room of the Harvard Club of Boston. Twenty-one were present, several making their first appearance. Frothingham acted as toastmaster in his own inimitable manner. With classbook in hand, he showed us how we looked 25 years ago, and, with appropriate introduction, called upon us to talk about ourselves. All present contributed what information they had about the absentees. Of course, the dinner had its lighter moments, and it was surprising how readily the words of "Sweet Sixteen" could be recalled after a quarter of a century.

While much would naturally be expected of a class 30 per cent. of which was graduated M.D. *cum laude*, few realized in 1906 the amount of professorial timber we possessed. Ten men may now be addressed as Professor:

L. L. Bigelow, Assistant Professor of Surgery, College of Medicine, Ohio State University.

W. M. Boothby, Associate Professor of Medicine, Graduate School of the University of Minnesota.

D. H. Boyd, Assistant Professor of Pediatrics, University of Pittsburgh Medical School.

Channing Frothingham, Associate Clinical Professor of Medicine, Harvard Medical School.

R. M. Green, Assistant Professor of Applied Anatomy, Harvard Medical School.

W. E. Ladd, Assistant Professor of Surgery, Harvard Medical School.

C. G. Mixer, Assistant Professor of Surgery, Harvard Medical School, and Clinical Professor of Surgery, Tufts Medical School.

J. A. O'Reilly, Associate Clinical Professor of Orthopedic Surgery, Washington University Medical School, St. Louis.

D. P. Penhallow, Associate Clinical Professor of Surgery, Georgetown University Medical School, Washington, D. C.

E. P. Richardson, John Homans Professor of Surgery, Harvard Medical School.

Dr. Richardson retired last autumn on account of ill health. A series of mild paralytic shocks were followed by a right hemiplegia, with aphasia and mental changes. He has been at home since Christmas Day. Mental and physical improvement have been gradual but steady. He has been able to enjoy seeing his children, and to walk a little without much assistance. Quite recently, he has begun to go out in his motor car, but does not drive it himself. He is easily fatigued, so sees few people, but is always cheerful.

Excluding the men in public health work, insurance, and in the service, 33 per cent. of the class hold teaching positions in medical schools and 73 per cent. are members of hospital staffs.

Two men have been president of their State Medical Society: J. M. Birnie in Massachusetts and L. L. Bigelow in Ohio.

Of the 61 members of the class, twenty are located in Boston, and thirteen in Massachusetts outside of Boston, an average somewhat higher than that of the alumni as a whole. Six are in Rhode Island; four in New York; two, each, in Ohio, Minnesota, and Michigan; one, each, in Connecticut, Pennsylvania, Florida, California, New Hampshire, Missouri, Maine, and the District of Columbia, and one in France.

Surgery is by far the most popular specialty, thirteen men—H. W. Baker, L. L. Bigelow, J. M. Birnie, A. N. Collins, W. E. Ladd, C. R. Metcalf, C. G. Mixer, W. J. Mixer, D. P. Penhallow, D. D. Pratt, E. P. Richardson, E. H. Risley, and H. P. Stevens—limiting their practice to this field.

Pediatrics is next, with six men—D. H. Boyd, H. G. Calder, J. S. Leopold, J. B. Manning, P. H. Sylvester, and J. H. Young.

Internal medicine is third, with five men—W. M. Boothby, L. D. Chapin, Channing Frothingham, R. H. Knowlton, and J. C. Rowley.

Four men hold executive positions with large insurance companies: W. B. Bartlett is a medical director, and B. Hollings an assistant medical director, of the John Hancock Mutual Life Insurance Co. in Boston. C. L. Christiernin and R. J. Kissock are assistant medical directors of the Metropolitan Life Insurance Co. in New York.

Two men are in public health work: M. E. Champion is with the Child Health Demonstration, Menominee, Mich., and W. A. Sawyer with the Rockefeller Foundation, New York.

Neurology and psychiatry claim A. H. Ruggles and H. B. Sanborn. Ruggles is superintendent of the Butler Hospital, Providence, R. I., and consultant in mental hygiene and lecturer in psychiatry at Yale.

J. A. O'Reilly and B. E. Wood are orthopedic surgeons. Wood has recently been appointed senior physician at the Massachusetts Hospital School for Crippled Children, at Canton, Mass.

J. J. Corbett limits his practice to ophthalmology, otology, laryngology, and rhinology; A. H. Crosbie to urology; R. M. Green to obstetrics; R. A. Hatch to ophthalmology; R. Kinnicutt to pathology; W. B. Swift to speech defects; and B. H. Peirce to tuberculosis. Peirce is superintendent of the Plymouth County Hospital at South Hanson, Mass. D. F. Maguire is medical director of the Life Extension

Institute, located in Boston. W. H. Connor is in the United States Navy, and R. H. Goldthwaite and H. C. Pillsbury are in the United States Army.

Sixteen men do not limit their practice, but several show preference for certain fields and it is doubtful if any conduct what was called a generation ago a general practice, although three men are located in rural districts.

The arrangement of the reunion program was a most happy one. With three definite class meetings, it was possible for men who could not leave their work for two whole days to plan to attend at least one of these gatherings.

The following men, 32 in number, were present:

W. W. Barker	D. F. Maguire
W. B. Bartlett	C. R. Metcalf
J. M. Birnie	C. G. Mixer
H. G. Calder	W. J. Mixer
L. D. Chapin	B. H. Peirce
G. L. Chase	D. P. Penhallow
J. J. Corbett	D. D. Pratt
A. H. Crosbie	E. H. Risley
C. Frothingham	J. C. Rowley
H. W. Godfrey	A. H. Ruggles
R. M. Green	H. B. Sanborn
R. A. Hatch	H. P. Stevens
B. Hollings	W. B. Swift
R. Kinnicutt	F. Van Nuys
W. E. Ladd	J. H. Wyman
J. S. Leopold	J. H. Young

List of Hospital Internships, Class of 1931

NAME	HOSPITAL	SERVICE	DATES	
Abbott, J. A.	Strong Memorial, Rochester	Medical	Sept. '31	Sept. '32
Albright, H. L.	St. Luke's, N. Y. C.	Surgical	Jan. '32	Jan. '34
Alt, R. E.	Massachusetts General	Surgical	July '31	Aug. '33
Anderson, T. M.	Lankenau, Philadelphia	Rotating	Jan. '32	Jan. '34
Baker, P. W.	Cooper, Camden, N. J.	Rotating	July '31	July '32
Bakst, H. J.	Boston City	5th Medical	July '31	Jan. '33
Barry, J. R.	Boston City	2d Surgical	July '31	Mar. '33
Bender, J. A.	Lakeside, Cleveland	Medical	July '31	Nov. '32
Bennett, D. E.	Peter Bent Brigham	Pathology	July '31	Jan. '32
		Surgical	Jan. '32	May '33
Bickel, V. T.	Henry Ford, Detroit	Rotating	July '31	July '32
Bradford, C. H.	Boston City	Surgical	Nov. '31	July '33
Breese, B. B., Jr.	Johns Hopkins	Medical	July '31	July '32
Brem, J.	Lenox Hill, N. Y. C.	Medical	Aug. '31	Aug. '33
Brock, H. J.	Buffalo General, Buffalo	Rotating	July '31	July '32
Brogan, A. J.	Germantown, Philadelphia	Rotating	Jan. '32	June '33
Brown, M. G.	Beth Israel	Medical	Nov. '31	July '33
Browning, W. H., Jr.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating	July '31	July '32
Bryan, A. H.	Royal Victoria, Montreal	Medical	July '31	July '32
Buchtel, H. A.	Good Samaritan, Portland, Ore.	Rotating	July '31	July '32
Burgin, L. B.				
Burton, K. G.	Rhode Island, Providence	Rotating	July '31	Apr. '33
Butterfield, W. H.	Boston City	Surgical	Mar. '32	Nov. '33
Bysshe, S. M.	Peter Bent Brigham	Surgical	Apr. '31	Apr. '32
Canaday, J. W.	Children's, Boston	Pediatrics	Oct. '31	July '34
Capps, R. B.	Massachusetts General	Pediatrics	July '31	Jan. '32
		Medical	Jan. '32	Nov. '33
Chafee, F. H.	Presbyterian, N. Y. C.	Medical	Oct. '31	Nov. '33
Church, C. F.	University of Pa., Philadelphia	Pediatrics	July '31	
Ciani, A. W. B.	Boston City	6th Surgical	Jan. '32	
Clark, R. J.	Massachusetts General	Medical	Oct. '31	Aug. '33
Clark, W. E.	Lakeside, Cleveland	Surgical	July '31	Oct. '32
Clifford, M. H.	Peter Bent Brigham	Medical	Oct. '31	Mar. '33
Connors, R. J.	Fifth Avenue, N. Y. C.	Surgical	July '31	Oct. '32

Coombs, H. I.	Toronto General, Canada	Rotating	July '31	1 or 2 yrs.
Coppoletta, J. M.	Englewood, N. J.	Rotating	July '31	July '32
Crone, N. L.	Massachusetts General	Nerve Serv.	July '31	Jan. '32
		Medical	Apr. '32	Feb. '34
Day, J. C.	Cleveland City	6mo. Medical		
		6mo. Surgical	July '31	July '32
Day, R. L.	Hartford, Conn.	Rotating	July '31	Jan. '33
Dearing, W. P.	Instructor, Prev. Med. & Hyg., H. M. S.			
Dionne, M. J.	Central Maine General, Lewiston	Rotating	July '31	July '32
Donaldson, J. S.	Allegheny General, Pittsburgh	Rotating	July '31	July '32
Drissen, E. M.	Children's, Boston	Surgical	Apr. '31	Apr. '32
Dryer, G. W.	Research			
Dunlop, G. R.	Cincinnati General	Rotating	July '31	July '32
Eckles, L. E.	Children's, Boston	Bacteriology	Jan. '31	Oct. '31
		Medical	Oct. '31	Aug. '33
Epton, J. W.	Lakeside, Cleveland	Surgical	Nov. '31	Mar. '33
Escamilla, R. F.	Peter Bent Brigham	Medical	Oct. '31	Mar. '33
Esty, G. W.	Children's out-patient	Pathology	July '31	Apr. '32
	Fifth Avenue, N. Y. C.	Medical	Apr. '32	Apr. '33
Fox, S. L.	Sinai, Baltimore	Surgical	July '31	July '32
Gaiser, D. W.	Peter Bent Brigham	Surgical	Oct. '31	Feb. '33
Garrey, W. E.	Massachusetts General	Surgical	Oct. '31	Nov. '33
Gauld, A. G.	Massachusetts General	Surgical (E.)	Jan. '32	Feb. '34
Geiger, A. J.	New Haven, Conn.	Medical	July '31	Jan. '33
George, A. B.	Boston City	4th Surgical	Nov. '31	July '33
Gilman, S.	Beth Israel	Surgical	Nov. '31	July '33
Ginsburg, A.	Harborview, Seattle	Rotating	July '31	July '32
Gold, A. M.	United Israel Zion, Brooklyn	Rotating	July '31	July '33
Gourlie, H. W.	Bellevue, N. Y. C.	4th Surgical	Jan. '32	Dec. '33
Gross, R. E.	Children's, Boston	Pathology	July '31	Dec. '31
		Surgical	Jan. '32	Apr. '33
Hadden, D. R.	Roosevelt, N. Y. C.	1st Medical	July '31	July '33
Haberson, J. C.	Boston City	5th Surgical	July '31	Mar. '33
Harper, E. A.	Children's, Boston	Pediatrics	Jan. '32	Oct. '34
Harris, A. H., 2d	Presbyterian, N. Y. C.	Medical	Feb. '32	Mar. '34
Hawkes, R. S.	Massachusetts General	Medical	July '31	May '33
Hirsheimer, A.	Massachusetts General	2d Pediatrics	Aug. '31	Oct. '31
	Bellevue, N. Y. C.	Rotating	Jan. '32	July '33
Hubbard, J. P.	Children's, Boston	Pediatrics	July '31	Apr. '34
Hummel, L. E.	Massachusetts General	Pathology	July '31	July '32
Jones, H. P.	Hartford, Conn.	Rotating	July '31	Jan. '33
Kazanjian, K. A.	Maine General, Portland	Rotating	July '31	July '32
Kellogg, F.	Univ. of California, San Francisco	Medical	July '31	July '32
Kelman, H.	King's Park State, L. I.	Psychiatry	July '31	July '32
Kennard, H. E.	Massachusetts General	Surgical	Jan. '32	Feb. '34
Kirkwood, S. B.	Boston City	Pathology	Apr. '31	Apr. '32
	Massachusetts General	Surgical (W.)	Apr. '32	May '34
Knoefel, P. K.	Fellow in Medicine, National Research Council, University of California		Sept. '31	
Krinsky, G. S.	Boston Sanatorium		July '31	
	Boston City	6th Surgical	Jan. '32	June '32
Lehnherr, E. R.	Assisting Dr. F. Gorham Brigham, Surgical Research, Boston City			
Levin, S. E.	Sinai, Baltimore	Medical	July '31	July '32
Lockwood, J. S.	Presbyterian, N. Y. C.	2d Surgical	Feb. '32	
Lyons, C.	Massachusetts General	Surgical (W.)	Oct. '31	Nov. '33
MacCollum, D. W.	Children's, Boston	Surgical	July '31	July '32
Marquart, P. B.	Henry Ford, Detroit	Medical	July '31	July '32
Massell, B. F.	Maine General, Portland	Rotating	July '31	July '32
Massell, T. B.	Palmer Memorial	Pathology	July '31	July '32

Metzgar, J. G.	Lenox Hill, N. Y. C.	Surgical	Aug. '31	Aug. '33
Midelfart, P. A. H.	Peter Bent Brigham	Medical	May '31	July '32
Molholm, H. B.	Boston City	Neuro-Surg.	May '31	May '32
Murphy, J. M.	Harper, Detroit	Rotating	July '31	July '32
Murray, M. E., Jr.	Massachusetts General	Medical	Apr. '32	Feb. '34
Nason, L. H.	Beth Israel	Surgical	July '31	Mar. '33
Nichols, W. J.	Strong Memorial, Rochester	Pediatrics	July '31	July '32
Otis, F. J., Jr.	Boston City	4th Medical	Oct. '31	Apr. '33
Owen, G. C.	Boston City	Medical	Jan. '32	July '33
Paine, J. R.	University, Minneapolis	Surgical	July '31	July '32
Parish, J. R.	Johns Hopkins	Surgical	Sept. '31	Sept. '32
Pearse, R. L.	Massachusetts General	Surgical	Apr. '32	June '34
Pettit, H.				
Piper, R.	Rhode Island, Providence	Rotating	Sept. '31	July '33
Richardson, J. R.	Newton	Rotating	July '31	July '32
Roberg, O. T., Jr.	Presbyterian, Chicago	Combined	Sept. '31	Jan. '32
Robinson, J. N.	Presbyterian, N. Y. C.	1st Surgical	June '31	
			Feb. '32	Mar. '34
Salter, G. B.	Monmouth Memorial, Long Branch, N. J.	Rotating	July '31	July '32
Schwab, R. S.	Boston City	Neurological	Sept. '31	Sept. '32
Sewall, W. F.	Boston City	6th Surgical	May '31	Jan. '32
Shedd, C. H.	Boston City	4th Surgical	July '31	Mar. '33
Shillito, F. H.	Peter Bent Brigham	Surgical	Jan. '32	May '33
Simons, D. J.	Springfield, Mass.		July '31	
Simpson, W. C.	Pennsylvania, Philadelphia	Rotating	Nov. '31	Nov. '33
Slaughter, F. M.	Allegheny General, Pittsburgh	Rotating	July '31	July '32
Smith, D. W.	Mary Imogene Bassett, Cooperstown, N. Y.	Surgical	July '31	July '32
Smith, W. C.	Boston City	6th Surgical	Nov. '31	July '32
Steele, C. W.	Boston City	Pathology	July '31	Apr. '32
		Medical	Apr. '32	Oct. '33
Stimpson, E. K.	New Haven	Surgical	July '31	Mar. '33
Stratford, E. W.	Children's, Boston	Surgical	Oct. '31	Jan. '33
Stubbs, F. D.	Cleveland City	Rotating	July '31	July '32
Sturgis, G. P.	Presbyterian, N. Y. C.	Medical	Feb. '32	Mar. '34
Sturgis, S. H.	Massachusetts General	Surgical (E.)	July '31	July '33
Syvertson, J. T.	Duke University	Medical	July '31	July '32
Tegtmeier, G. F.	Milwaukee County General, Wauwatosa, Wis.	Rotating	July '31	July '32
Thompson, M. S., Jr.	Boston City	1st Surgical	Nov. '31	July '33
Thompson, W. P.	New York	1st Medical	Jan. '32	Jan. '34
Thomson, K. J.	Boston City	4th Medical	Jan. '32	July '33
Tomasch, J. M.	Cleveland City	Rotating	July '31	July '32
Walcott, C. F.	Peter Bent Brigham	Medical	Feb. '32	July '33
Waldo, P. V.,	St. Luke's, N. Y. C.	Medical	Jan. '32	June '34
Warren, C. F.	Massachusetts General	Medical	Jan. '32	Nov. '33
Wells, J. J.	U. S. Naval, Chelsea	Rotating	June '31	June '32
Whiting, C. C.	Long Island College, Brooklyn	Surgical	July '31	July '32
Winkler, A. W.	Johns Hopkins, Baltimore	Medical	Sept. '31	Sept. '32
Young, D. A.	Massachusetts General	Medical	July '31	May '33
Young, G. L.	Providence City, Rhode Island, Providence	Contagious	Oct. '31	Mar. '32
		Rotating	Apr. '32	Feb. '34
Younge, P. A.	Peter Bent Brigham	Surgical	July '31	Nov. '32
Zellhoefer, H. W. K.	Passavant Memorial, Chicago	Surgical	May '31	May '32
		Ob. & Gyn.	May '32	Sept. '32

Book Reviews

"A Textbook of Surgery". By John Homans, M.D., Assistant Professor of Surgery. Compiled from Lectures and Other Writings of Members of the Surgical Department of the Harvard Medical School. 1124 pages, plus index, with illustrations by Willard C. Shepard. Charles C. Thomas, publisher, Springfield, Ill. Price \$9.

The need for this book has been felt by all who are interested in the study, the teaching, and the practice of surgery. In the field of internal medicine, Osler's "The Principles and Practice of Medicine" has long served as *vade mecum* to the student, and a refuge in time of trouble for the teacher and practitioner, in all departments of medicine. Quite literally there has been no such book in the field of surgery until the present volume appeared. It is necessary to determine how worthy it is to occupy the high place for which it is intended.

With protracted reading, with study, with following up cross references, with exhaustive checking of the index, with casual sampling, with pursuit of familiar fields and explorations of less familiar ones, one tries to assess the value of a book. This book successfully meets these tests. Proper emphasis, proportion, sound judgment, clarity, and common sense are characteristic of the volume. The plan of treatment is mainly regional. There are brief historical notes introducing the chapters, followed by sections devoted to descriptions of the anatomy, of the disease process, its clinical course, treatment, and complications. For completeness, chapters are included on the eye and the ear. The main outline of operative procedure is given, but detailed consideration is wisely omitted. Laboratory procedures are mentioned in relation to diagnosis, without elaborate digressions into technology. Similarly, pathological descriptions are limited essentially to their practical significances.

Too great praise cannot be given to the style of the author. (For the hands are the hands of many men, but the voice is

the voice of Homans.) Page after page carries us back to lectures and clinics of many years ago. Here is the same pungent wit, the same pithy expression, the same succinct clarity that stimulated us as students. The historical sketches open attractive fields of study and interest, and the bibliographical index offers stimulus to explore these regions more extensively.

Omissions are rare, and of no great moment. Doubtless it was oversight that excluded circumcision, phimosis, and paraphimosis from the section devoted to urology. So many problems relating to pregnancy are encountered in surgery, both by students and practitioners, such as incomplete or threatened abortion, septic abortion, puerperal sepsis, hydatidiform mole, etc., that it would seem desirable to devote a section to this field in a future edition. Certainly these and allied conditions enter more nearly into the field of the general surgeon than do operations on the eye. It seems as if the historical sections need not have been much lengthened to include a few more names of local pioneers, most of them closely linked with the Harvard Medical School and Boston hospitals.

The book is profusely illustrated with simple pen and ink drawings by Mr. Shepard. Much may be justified by the desire to keep the cost of a text to the student as low as possible. However, in an era when medical illustration and the technique of reproduction have reached such a commendably high level, when even ephemeral journals and leaflets vie in excellence of illustrations, it is deplorable that a book destined to be used for years by its owners should have been illustrated in such archaic fashion. This is not to be construed as criticism of Mr. Shepard. Within the limitations imposed by the type of drawing, his little pictures emphasize the point they are making in a surprising number of cases. With the help of the legend the remainder becomes clear. While the illustrations in no

way detract from the book, a slightly more lavish budget would have enhanced its value greatly.

In summary, this new text is a great book, worthy to occupy its place on the shelf of all students and practitioners, beside Gray's "Anatomy" and Osler's "Medicine"; to be worn and dog-eared with constant use, while the elaborate "System of Surgery" on the shelf beneath goes undusted and unread.

"Heart Disease". By Paul D. White, Instructor in Medicine, Harvard Medical School. 931 pages, illustrated. Macmillan Co., New York. Price \$12.

Dr. Paul D. White's new book, "Heart Disease," was published in April, 1931, the most recent in the series of medical monographs from the Macmillan Co. Physically the book is uniform with the others of the series. It consists of 931 pages, of which 188 pages are devoted to the bibliography, with 199 illustrations. The book is limited in subject matter to heart disease alone, excluding detailed discussion of vascular disease other than that definitely related to disorders of the heart. It is complete and comprehensive, though the ideal of clear and concise presentation has always been kept in mind. Only such considerations of the fundamental sciences as are essential have been included. Finally, it is a clinical book designed for the use of the practitioner, dealing with bedside problems of heart disease, as well as for the student and specialists in this field.

The arrangement of the book is admirable for easy reference to the various phases of the subject. The first part discusses the patient's history and symptoms, the physical examination, and the special methods of cardiovascular examination, as well as the routine laboratory, function, and special physiological tests. In the first part, a chapter which will be of great interest to those whose special interest is in cardiovascular disease, as well as to the internist who may make use of the method, is the chapter on cardiovascular roentgenology.

This chapter is the result of Dr. White's study and interest in this method during the past two years both in Vienna and in Boston. It takes up the details of technic of the seven-foot plate and of the orthodiagram; the advantages and disadvantages of each are presented, and their uses and limitations as applied to examination of the heart and great vessels are discussed. Admirable illustrations, especially of the orthodiagrams, clarify the text.

Parts II, III, and IV present, respectively, the etiological types of heart disease, the structural cardiovascular abnormalities, and the disorders of the cardiac function. The organization and arrangement of this part of the text, the details of physical signs and diagnosis of the various valvular diseases of the heart, especially of congenital heart disease, will be of great help to students and practitioners anxious to improve the accuracy of their diagnoses from the point of view of etiology and anatomical changes. The section on structural abnormalities, again, is especially well illustrated by admirable photographs and diagrams of pathological material. The book has been designed throughout as a practical, useful, clinical one, so organized that reference may be made readily to any type of heart disease, and under each type is a full and satisfactory discussion of treatment.

There are three original and especially valuable features of the book. One is the unusually large and carefully selected bibliography of nearly 200 pages. A second delightful and original feature of the book is the inclusion of quotations from the original descriptions of many of the well known signs and symptoms. It is very stimulating to find quotations from the masters of medicine, ancient and modern, who have served as sources to our knowledge of vascular disease, along with a summary of our current knowledge. Thirdly, as though to dispel any feeling of satisfaction in the finality of so thorough and complete a presentation, there is an appendix stating 108 unsolved cardiovascular problems.

Dr. White's book represents the study and clinical experience of fifteen years checked and rechecked continually in private practice and hospital clinics. Likewise the electrocardiographic and clinical studies and his critical analysis of the medical literature of the world bearing on heart disease have been accomplished by means of an inexhaustible fund of energy and enthusiasm and have been presented with the same passion for absolute accuracy.

This book will take its place in medical literature as the authoritative text of the day on heart disease.

"Clinical Allergy. Asthma and Hay Fever".
By Francis M. Rackemann, M.D. The Macmillan Co., New York, 1931. \$10.50.

Physicians, medical students, and immunologists should be grateful to Dr. Rackemann for his "Clinical Allergy" recently published by Macmillan. Previous to the appearance of this work, one had to search through textbooks, medical, and technical journals for information concerning the many and varied aspects of hypersensitiveness. The literature was widely scattered, and, in addition to the tediousness of such a search, unless one were specially trained in both theoretical and applied immunology there was the difficulty of interpreting or placing a proper value upon the experimental or clinical data reported.

This book contains chapters on anaphylaxis in man and animals, the chemistry and immunology of hypersensitiveness, the nature and the origin and diagnosis of allergy, while Part II discusses the many clinical manifestations of allergy, such as the reactions of man to horse serum, pollen, and food proteins, with discussions of the diagnosis and treatment of asthma, hay fever, vasomotor rhinitis, urticaria, eczema, and migraine.

The discussions of the theoretical considerations are full and contain our most recent knowledge, while those on the clinical manifestations and treatment, in addition

to their comprehensiveness, have the value of being at first hand since they are based on the author's own wide clinical experience.

Physicians who employ antitoxins and other serums in their practice should especially read the chapter on reactions of man to foreign serum. The dangers attending the use of such biologic agents, as well as the means for averting them, are fully described. A careful reading of this chapter will correct the impression gained from the author's incorrect statement on page 27 concerning the occurrence of severe and often fatal anaphylactic shock following second injections of foreign serum.

There will undoubtedly be those who will challenge the author's opinion concerning the etiology of vasomotor rhinitis, asthma, angioneurotic edema, and migraine, but it may be pointed out that it is only in recent years that these conditions have been studied by the immunologist, and that further studies will sort out those cases in which hypersensitiveness is the causative factor from those in which some other circumstances are responsible.

The present tendency to consider many conditions of doubtful or unknown etiology as allergic in character will be restrained if one bears in mind the author's wisely repeated criteria for making a diagnosis of allergy, which are, (1) a presenting symptom which can be explained by smooth muscle spasm or by increased capillary permeability, (2) the occurrence of one or several other manifestations of allergy, (3) a positive family history of allergy, (4) the presence of positive skin tests, and (5) the presence of a blood eosinophilia.

The subject matter is presented in a logical, orderly, and readable manner. There are, to be sure, errors in the text, but they are of no great importance, and scarcely detract from its general high excellence.

Dr. Rackemann is to be congratulated for his courage in undertaking such a task and for accomplishing it in such a praiseworthy manner. The volume is a distinct and valuable contribution.

"The Meaning of Psychoanalysis". By Martin W. Peck, M.D. Alfred A. Knopf, Publisher, New York.

In this brief volume Dr. Peck has accomplished what many writers have failed to do in much longer and more complex attempts. He has described in a very clear and simple way the meaning of psychoanalysis.

He first shows historically the early and tentative studies of the unconscious, revealed almost accidentally through the examination of hysterical patients. He then discusses the gradual evolution, through the concept of the unconscious derived from these studies, of the system of therapy called psychoanalysis. Unlike most of his predecessors, he takes little for granted and describes simply but very adequately the meaning of the unconscious, the tendency through life to repress unpalatable material into the unconscious, and the effects of this repression on the development of the individual. Freud's concept of infantile sexuality is described briefly but intelligibly. The Oedipus complex and the castration complex are described in their relations to the development of an individual in such a way that they become psychological phenomena and not the glib passwords of casual talk. The problem of transference and resistance in analysis is explained in some detail and is finally exemplified in two case histories which have been admirably selected. These cases illustrate to an unusual degree both the infantile problems underlying the neuroses and the technique required of an analyst in order to make it possible for a patient to evolve emotionally and free himself from his infantile bonds, through the medium of his relation to the doctor.

This book is not for the average layman. Although written in a simple way, it enters too deeply into the problems of the neuroses to be other than a medical contribution. It should render invaluable service to the physician, both in giving him a chance to understand the attitude of a sound psychoanalyst toward neurotic problems and in pointing out to him the type of

problem which should be handled by technically trained analysts. It should also serve as an excellent guide to analysts of all degrees of training because it shows so admirably how, with enough thought and effort, complex problems can be clarified and made understandable without the use of unnecessarily esoteric terminology.

NECROLOGY

George Washington Gay, M.D. '68; formerly surgeon to the Boston City Hospital and president of the Massachusetts Medical Society; clinical instructor in surgery at the Harvard Medical School from 1888 to 1900, and lecturer on surgery there from 1900 to 1908; donor of the Gay Lectureship on Medical Ethics at the School; aged 89; died, May 30, 1931, at his home in Chestnut Hill, after a long illness.

William Norton Bullard, M.D. '80, of Lenox, Mass.; aged 77; died, April 13, 1931.

George Thomas Cushman, M.D. '81, of Boston; member of the Massachusetts Medical Society; aged 72; died, March 28, 1931, as the result of a cerebral hemorrhage, suffered a year ago.

Frank Mackie Johnson, M.D. '83, of Freeport, N. Y.; aged 75; died, April 17, 1931, at Stamford, Conn., of angina pectoris.

Edwin Ransome Lewis, M.D. '87, of Westerly, R. I.; aged 67; died, February 27, 1931, of heart disease.

Michael John O'Meara, M.D. '87, of Worcester, Mass.; member of the Massachusetts Medical Society, American Psychiatric Association, and the New England Society of Psychiatry; on the staffs of the City Hospital, St. Vincent Hospital, and the Worcester State Hospital; aged 69; died, March 29, 1931, of myocarditis.

Wiley Lyon Kingsley, M.D. '91, of Rome, N. Y.; aged 64; died, April 6, 1931, at Palm Beach, Fla.

Return Jonathan Meigs, M.D. '94, of Lowell, Mass.; aged 70; died, March 5, 1931, of pernicious anaemia.

William Alvan Hitchcock, Jr., M.D. '96, of Boston; aged 56; died, March 24, 1931, at Kittery Point, Me., of carcinoma of the large intestine.

Timothy Francis McCarthy, M.D. '96, of Jamaica, N. Y.; member of the Massachusetts Medical Society; aged 62; died, January 24, 1931, of diabetes mellitus.

William Taft Slayton, M.D. '96, of Morrisville, Vt. Baltimore Medical College, 1894; served during the World War; formerly a mem-

ber of the State Legislature and the State Board of Health; aged 61; died, March 3, 1931, in Miami, Fla., of chronic myocarditis.

Sherwin Gihhons, M.D. '98, of Lancaster, Cal.; aged 59; died, March 15, 1931, of coronary thrombosis.

Paul Hector Provandie, M.D. '98, of Melrose, Mass. Formerly mayor of Melrose; member of the staff of the Melrose Hospital; aged 56; died, April 7, 1931, of thrombosis of the coronary artery.

George Sumner Hill, M.D. '99; formerly on the staff of the Massachusetts General Hospital; aged 63; died, May 27, 1931, at Marblehead.

Alexander Lorne McLaren, M.D. '99, of Boston; member of the Massachusetts Medical Society and the New England Dermatological Society; died, February 28, 1931, of parenchymatous nephritis.

Edward Augustine Drummond, M.D. '00, of New York City; formerly on the staff of the Lutheran Hospital of Manhattan; aged 58; died April 4, 1931.

Thomas Francis Kenney, M.D. '05, of Worcester, Mass.; health officer of Worcester; aged 50; died, March 15, 1931, at the Peter Bent Brigham Hospital, Boston, of chronic cardiac valvular disease.

James Tilley Houghton, M.D. '11, of Newark, N. J.; served during the World War; aged 44; died, March 25, 1931, at St. Luke's Hospital, New York City, of septicemia.

Charles Everett Blackway, M.D. '18, of Fall River, Mass.; aged 38; on the staff of the Union Hospital; where he died, April 13, 1931, of carcinoma of the stomach and intestine.

John Thomas Lane, M.D. '21, of Hartford, Conn.; aged 34; on the staff of St. Francis Hospital, where he died, March 17, 1931, of pneumonia.

ALUMNI NOTES

1906

Dr. Walter B. Swift has been granted by the State Board of Health a license for his medical speech clinic at 110 Bay State Road, Boston; this is the first State-licensed speech clinic in the country.

1913

Dr. Norman B. Cole is the author, with Clayton H. Ernst of the Harvard College class of 1910, of "First Aid for Boys", a revised edition of which was recently published by D. Appleton & Co. The original edition was published in 1917.

Dr. Charles S. Curtis has been since 1917 in charge of the St. Anthony hospital and mission station of the Grenfell mission. Dr. Curtis's predecessor in that post was the late John Mason

Little, M.D. '01. For nearly a quarter of a century this station has been under the supervision of Harvard men.

1914

Dr. Frank W. Marvin's practice is limited to anaesthesia. On October 31, 1930, he was appointed a member of the staff of the Boston City Hospital. His address is 520 Commonwealth Ave., Boston.

1916

Dr. John A. McIntyre of Owatonna, Minn., is health officer of Owatonna and Steele County, Minn., a member of the public health commission and the Minnesota Medical Society, and on the surgical staff of the Owatonna City Hospital.

1918

Dr. Fred G. Holmes has practised in Phoenix, Ariz., since 1920, limiting his work to diseases of the chest. He is a member of the County, State, and American Medical Associations, and the National Tuberculosis Association, and a fellow of the American College of Physicians. He is also a member of the staff of St. Joseph's Hospital and the Good Samaritan Hospital and chief of the consulting staff of St. Luke's Home, a tuberculosis sanatorium. He is married and has seven children.

1919

Dr. Noel G. Monroe has been medical director of the Edison Electric Illuminating Co. of Boston since April 1, 1925.

1923

Dr. Arthur H. Jackson is specializing in the treatment of functional nervous conditions and organic neurology. He is clinical assistant in neurology at the Yale University Medical School and consulting neurologist at the Charlotte Hungerford Memorial Hospital, Torrington, Conn. His office is at 422 Temple St., New Haven, Conn.

1924

Dr. Hiram O. Studley was married, May 30, 1931, to Miss Helen Rutherford Vinson of Cleveland, Ohio.

1925

Dr. James Roeder Bell has been practising internal medicine since September, 1928. He is now physician to the Medical Dispensary of St. Luke's Hospital, Cleveland. His office is at 7016 Euclid Ave., Cleveland, and he lives at 3525 Avalon Road, Shaker Heights, Ohio.

Dr. Howard A. Patterson is assistant attending surgeon to the Roosevelt Hospital, New York City, and a member of the medical board of the Doctors Hospital, New York City.

Dr. Francis P. Twinem has completed his res-

